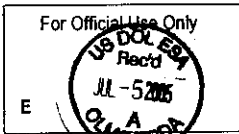


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2647</u>	2. Fiscal Year Covered From: <u>5</u> / <u>1</u> / <u>2004</u> Through: <u>4</u> / <u>30</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Matthew D Loeb</u> P.O. Box, Bldg., Room No., if any Street <u>1430 Broadway</u> City <u>New York</u> State <u> </u> ZIP Code + 4 <u>10018</u>	4. Name, file number, and address of labor organization. Name <u>IATSE</u> Labor Organization File Number <u>000-172</u> P.O. Box, Building and Room Number, if any Street <u>1430 Broadway</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10018</u>
5. Position in labor organization.	

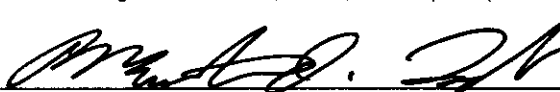
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Columbia Tristar</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>10202 West Washington Blvd.</u> City <u>Culver City</u> State <u>California</u> ZIP Code + 4 <u>90232</u>	7.a. Nature of Interest, Transaction, or Income. <u>Dinner</u> <u>7/21</u> 7.b. Amount. <u>\$75</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

6/27/2005

Date

212-730-1770

Telephone Number

Name of Person Filing Matthew Loeb	File Number U-2442
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Salibello & Broder

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6500 Wilshire Blvd.

City Los Angeles

State California ZIP Code + 4 90048

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IATSE National Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 5th Floor

Street 59 West 39th Street

City New York

State New York ZIP Code + 4 10018

11.a. Nature of such dealing.

Sponsor - Musicians Charity Golf
10/18/04

11.b. Approximate dollar value of such dealing.

\$65

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Matthew Loeb	File Number U- 2642
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Geffner Bush Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3500 West Olive Avenue City Burbank State California ZIP Code + 4 91505	9. Business deals with: <input checked="checked" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IATSE Trade Name, if any: P.O. Box, Bldg., Room No., if any 20th Floor Street 1430 Broadway City New York State New York ZIP Code + 4 10018	11.a. Nature of such dealing. Holiday Gift - 2 bottles wine 12/04 11.b. Approximate dollar value of such dealing. \$60 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment

Name of Person Filing Matthew Loeb	File Number U- 2042
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name IATSE National Benefit Funds Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 5th Floor Street 59 West 39th Street City New York State New York ZIP Code + 4 10018	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IATSE National Benefit Funds Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 5th Floor Street 59 West 39th Street City New York State New York ZIP Code + 4 10018	11.a. Nature of such dealing. Dinner meeting w / Trustees 12/6/2004 11.b. Approximate dollar value of such dealing. \$65 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment.

Name of Person Filing Matthew Loeb	File Number U- 2642
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delta Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12898 Towne Center Dr</p> <p>City Cerritos</p> <p>State California ZIP Code + 4 90703</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>11.a. Nature of such dealing.</p> <p>Golf</p> <p>10/19/04</p>
	<p>11.b. Approximate dollar value of such dealing. \$65</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Matthew Loeb	File Number U- 2642
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pacificare Behavioral Health</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 400</p> <p>Street 5990 Sepulveda Blvd</p> <p>City Van Nuys</p> <p>State California ZIP Code + 4 91411</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>11.a. Nature of such dealing.</p> <p>Dinner 2/28/05</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$65</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Matthew Loeb	File Number U- 2642
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Wellness</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 360</p> <p>Street 5990 Sepulveda Blvd</p> <p>City Van Nuys</p> <p>State California ZIP Code + 4 91411</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>11.a. Nature of such dealing.</p> <p>Dinner & Golf 4/17/05</p>
	<p>11.b. Approximate dollar value of such dealing. \$100</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Matthew Loeb	File Number U- 2642
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Geffner Bush Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3500 West Olive Avenue City Burbank State California ZIP Code + 4 91505	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IATSE Trade Name, if any: P.O. Box, Bldg., Room No., if any 20th Floor Street 1430 Broadway City New York State New York ZIP Code + 4 10018	11.a. Nature of such dealing. Dinner 10/18/04 11.b. Approximate dollar value of such dealing. \$65 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	